

Dear Client Institution,

INVITATION TO PARTICIPATION

B&S Education, in an effort to widen its reach and support your activities in marketing your institution in Africa is planning mini exhibitions in Lagos, Abuja, Benin, Kaduna and Accra, Ghana. These exhibitions are to complement our efforts in reaching the untapped market in Africa.

B&S Education will carry out all marketing activities in these locations and will be working with local radio station, education providers and partnering agents to develop these markets.

We intend to use this opportunity to immediately begin to engage the market in a mini exhibition format where Clients institution representatives can meet with prospective students. The exhibition will include presentations on study opportunities and life in the UK as well as Visa matters.

For this purpose, we are happy to provide you with space, 4 chairs and a table which you may brand for your use.

**Date**

The exhibition will take place as follows:

Abuja: 1st and 2 nd July 2011

Kaduna: 4th and 5th July 2011

Lagos: 7th and 8th July 2011

Benin: 9th July 2011

Accra, Ghana: 12th and 13th July 2011

**Criteria**

To participate, you must be a client institution already working with B&S Education or in the process of signing agreement with B&S Education.

The closing date for registration is **Monday 2<sup>nd</sup> April 2011**.

Kindly send all responses to [bseducation@live.com](mailto:bseducation@live.com)

Attached are the registration form and detail information of the exhibition

Your faithfully,

Samantha Addingi  
MD- B&S Education

## REGISTRATION FORM

For mini exhibition holding in Abuja, Kaduna, Lagos, Benin and Accra, Ghana from 1<sup>st</sup> to 13<sup>th</sup> July 2011.

Date: \_\_\_\_\_

### INSTITUTION DETAILS

Name of Institution: \_\_\_\_\_

Main Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No: \_\_\_\_\_

Email Address: \_\_\_\_\_

Website: \_\_\_\_\_

### PARTICIPATION

Please indicates the location(s) you are willing to participate at the exhibition by ticking the box(es).

Abuja	<input type="checkbox"/>
Kaduna	<input type="checkbox"/>
Lagos	<input type="checkbox"/>
Benin	<input type="checkbox"/>
Accra	<input type="checkbox"/>

### REPRESENTATIVE DETAILS

For more than one delegate, please separate names by using a comma(,)

First Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Institution (or department) \_\_\_\_\_

Direct number: \_\_\_\_\_

Mobile number: \_\_\_\_\_

Personal email: \_\_\_\_\_

Work email: \_\_\_\_\_

### Questions /Comments:

---

---

---

\_\_\_\_\_  
Signature /date  
(main Contact)